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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/534718
Filing Date	5/12/2005
First Named Inventor	Reyes, Jose
Art Unit	
Examiner Name	
Attorney Docket Number	JJI.P.001US

I hereby revoke all previous powers of attorney given in the above-identified application.☐ A Power of Attorney is submitted herewith.**OR**☒ I hereby appoint the practitioners associated with the Customer Number: 55701☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number:55701**OR**☐ Firm or
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I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

James R. Diefenthal, President, JJI Technologies, LLC

Date

3/26/08

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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

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